



Mohawk Lifts LLC

Business Profile Form

Mohawk Lifts LLC
Attn: Accounting Department
PO Box 110
Amsterdam, NY 12010
Tel: (518) 842-1431 Fax: (518) 842-1289

Instructions: Fax, email or mail profile
Complete all sections, sign, date, and return the form.
Provide the following forms:
-W-9
-Certificate of Insurance- Listing Mohawk Lifts LLC as additionally insured.
-Worker Compensation Certificate

Company Name:

Address:

City: State: Zip: Website Address:

Contact Person: Phone Number:

Fax Number: Email Address:

Federal Tax ID# Duns #

Business Type (check 1)
Check all that apply:
Corporation, LLC, Proprietor, Partnership, Independent Contractor
Profit or Non-Profit/Public Sector
Publicly held, Franchise or Subsidiary, Public Utility, Labor Union, Foundation, business association, other non-profit

If franchise or subsidiary, indicate parent company)--

Business Ownership (Check all that apply. If none apply, go to next section. If certified, please provide certificate number and expiration date, or attach other evidence of certification, e.g. a copy of your certificate)

Woman Owned-A business that is at least 51% owned, managed and controlled by individual(s) identified as "women." In the case of a publicly owned business, at least 51% of the stock must be owned and managed by women
Certificate# Expiration:

Veteran Owned-Please indicate: Disabled or Non-Disabled
A business that is at least 51% owned, managed and controlled by individual(s) identified as "veterans(s)."
Certificate# Expiration:
Minority Owned- A business that is at least 51% owned, managed and controlled by individual(s) Identified as "ethnic minority." In the case of a publicly owned business, at least 51% of the stock must be owned and managed by ethnic minorities.
Certificate# Expiration:

Business Size

Number of employees

Definition: Generally, a business is considered "small" based on the following: Manufacturer - fewer than 500 employees, distributor or wholesaler - fewer than 100 employees, retail trade, professional services or health care related company - receipts for small business may range from \$5-5 million, depending on SIC/NAICS code. For Specific information, go to the SBA web address http://www.sba.gov/size/SIC2NAICSmain.html

Small
Large

Domestic US Corporation Yes No
If Foreign Corporation, Country of Origin

Made in USA (products/service supplied to Mohawk)
Yes or No

Business Description

NAICS Code(s) (list up to 4)

Description of Goods or Services

Distributor
Manufacturer
Service Provider

Does your company engage in practices that serve to reduce or minimize an impact to the environment, including, but not necessarily limited to, the following items? (A checkmark indicates "Yes")

- Recycles materials in the warehouse or other operations
Use of alternative fuel vehicles or vehicles equipped with diesel emission control devices for delivery or transportation purposes
Use of energy efficient office equipment or signage or the incorporation of green building design elements
Use of recycled paper (that meets federal specifications) in their marketing and/or resource materials
Use of recycled material in the products supplied to Mohawk Lifts, LLC
Other sustainable initiative

As a Federal Government contractor Mohawk Lifts, LLC annually notifies its subcontractors, vendors, and suppliers of its intentions in the area of equal employment opportunity. The policy of Mohawk Lifts, LLC is not to discriminate against any employee or applicant for employment because of race, sex, color, religion, national origin, age, disability, status as a covered veteran, or citizenship status. This includes support of a policy of equal employment opportunity in recruitment, hiring, placement, promotion, transfer, training, compensation, layoff, termination, and physical facilities. Should the value of the subcontract or order exceed \$50,000 and should you employ 50 or more employees, you are required to develop a written affirmative action program. Subcontractors are also required to file annually a Standard Form 100 (Equal Employment Opportunity Employer Information Report EEO-1). Regulations implementing Executive Order 11246 require us to request that you take appropriate action in this regard.

EEO Employer

YES
NO

The undersigned declares the foregoing statements are true and correct.

Internal Use Only

Signature Title

Received

Printed Date

Checked
W-9 COI
WC
Date Filed

**MOHAWK**

## Remit To Information

Check if same as page 1

**Company Name**

**Street Address**

**City/State/Zip**

**Contact Name**

**Phone #**

**Fax #**

**Email**

**Terms**

**FOB**

**Additional  
Contacts  
Or Notes**